

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/828,592 Confirmation No. 5550
Applicant: Betty Shu Mercer, et al.
Filed: April 21, 2004
Art Unit: 2891
Examiner: Steven J. Fulk

Docket No. : TI-36275
Customer No. : 23494

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action of June 9, 2006, please amend the above identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Adjustment Date: 04/03/2007 AKELLEY
01/08/2007 INTEFSW 00001741 200668 10828592
01 FC:1254 1590.00 CR

To the extent necessary, Applicants petition for an Extension of Time under 37 CFR 1.136. Please charge any fees in connection with the filing of this paper, including extension of time fees, to the deposit account of Texas Instruments Incorporated, Account No. 20-0668.

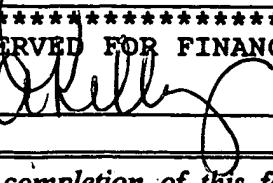
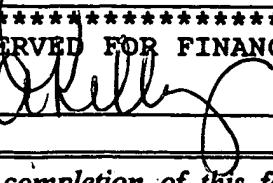
Respectfully submitted,

/Peter K. McLarty/

Peter K. McLarty
Attorney for Applicants
Reg. No. 44,923

Texas Instruments Incorporated
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Dallas, TX 75265
(972) 917-4258

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>03/28/07</u>		2 Serial/Patent # <u>10/828,592</u>			
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing				\$
<input type="checkbox"/>	Amendment				\$
<input checked="" type="checkbox"/>	Extension of Time		01/08/07	\$	1,590.00
<input type="checkbox"/>	Notice of Appeal/Appeal				\$
<input type="checkbox"/>	Petition				\$
<input type="checkbox"/>	Issue				\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/>	Maintenance				\$
<input type="checkbox"/>	Assignment				\$
<input type="checkbox"/>	Other				\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>1,590.00</u>	
			8 TO BE REFUNDED BY:		
			Treasury Check		
<input type="checkbox"/>	Overpayment		Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment		<u>9 2 0 -- 0 6 6 8</u>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<p>The Extension was not necessary to file a petition under unintentional abandonment.</p> <p> </p> <p> </p> <p> </p>			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Terri Williams</u>			TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: 			PHONE: <u>(571) 272-2991</u>		
OFFICE: <u>Office of Petitions</u>			***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****		
APPROVED: 			DATE: <u>4/3/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B